FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

2003 NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** HEORM LIMITED OFFERING EXEMPTION

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OMB APPI	ROVAL
OMB Number:	3235-0076
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CIVII OINIVI	EMMITED OFFERING EXEM	
Name of Offering ( check if this is an amendment and Ventana Canyon Alliance, LLC	d name has changed, and indicate change.)	
Filing Under (Check box(es) that apply): Rule 504 Type of Filing: New Filing Amendment	Rule 505 Rule 506 Section 4(6)	ULOE
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer		
Name of Issuer ( check if this is an amendment and na Ventana Canyon Alliance, LLC	me has changed, and indicate change.)	03039690
Address of Executive Offices 6890 East Sunrise, P.M.B. 321, Tucson, Arizona 85750	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) (520) 529-1148
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business Acquisition and operation of country club and related facil	ties	
	ership, already formed ership, to be formed	olease specify): Limited Liability Company
Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-		PROCESS DEC 1 1 200
GENERAL INSTRUCTIONS		THOMSON
Endanale		

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictafed on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

20 20 20 20 20 20 20 20 20 20 20 20 20 2		A. BASIC IDI	ENTIFICATION DATA		
2. Enter the information re	the same of the same		1994 - Amerikan Mariner, mariner de la companya de	<u> </u>	<u></u>
<ul> <li>Each promoter of t</li> </ul>	he issuer, if the is:	suer has been organized w	vithin the past five years;		
<ul> <li>Each beneficial ow</li> </ul>	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more o	f a class of equity securities of the issuer.
<ul> <li>Each executive off</li> </ul>	icer and director o	f corporate issuers and of	corporate general and man	naging partners of	partnership issuers; and
<ul> <li>Each general and n</li> </ul>	nanaging partner o	f partnership issuers.			
Cheek Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Travor Beste	f individual)				
Business or Residence Addre 6294 Ventana View Place,			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Marylyn Canfield	f individual)				
Business or Residence Addre 6200 Desert Moon Loop, To			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Gerard J. D'Huy	f individual)				
Business or Residence Addre 7231 E. Grey Fox Lane, Tu	ss (Number and cson, Arizona 857	Street, City, State, Zip Co '50	ode)		***************************************
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i James Giancola	f individual)				
Business or Residence Addre 6218 N. Desert Moon Loop,			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Michael Goode	f individual)				
Business or Residence Addre 6703 N. Hole In The Wall W	,	Street, City, State, Zip Co na 85750	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Jerold K. McCoy	f individual)				
Business or Residence Addre 7222 E. Desert Moon Loop,			ode)		,
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Taylor Payson	f individual)				
Business or Residence Addre 7340 E. Desert Moon Loop			ode)		

### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Frank Terrizzi Business or Residence Address (Number and Street, City, State, Zip Code) 6494 N. Ventana Canyon Drive, Tucson, Arizona 85750 Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

					В. П	NFORMATI	ION ABOU	r offeri	NG .				
1.	Has the	issuer sold	, or does th							•		Yes	No ✓
2.	Answer also in Appendix, Column 2, if filing under ULOE.  What is the minimum investment that will be accepted from any individual?										s <sup>25,0</sup>	00	
											Yes	No	
3.	Does the offering permit joint ownership of a single unit?											V	
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a stat or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of suc a broker or dealer, you may set forth the information for that broker or dealer only. N/A									ne offering. with a state			
Fui	l Name (1	Last name 1	first, if indi	vidual)									
Bus	siness or	Residence	Address (N	umber and	l Street, Ci	ty, State, Z	(ip Code)						
Nar	ne of Ass	ociated Br	oker or Dea	ıler					······································				
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers	· · · · · · · · · · · · · · · · · · ·	<del></del>			****	
	(Check	"All States	" or check	individual	States)		***************************************				•••••	☐ All	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	1 Name (	Last name	first, if indi	vidual)				<u>_</u>		, , , , , , , , , , , , , , , , , , ,			
Bus	siness or	Residence	Address (N	lumber an	d Street, C	ity, State, 2	Zip Code)						
Nai	me of Ass	sociated Br	oker or Dea	aler						· · · · · ·	,		
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)			•••••		·····		☐ All	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful	l Name (	Last name	first, if indi	vidual)		************							
Bu	siness or	Residence	Address (N	Number an	d Street, C	City, State,	Zip Code)		· · · · · · · · · · · · · · · · · · ·		H		
Na	me of As	sociated Br	oker or Dea	aler									
Sta	tes in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	···········	****				
	(Check	"All States	s" or check	individual	States)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•••••		☐ Al	1 States
	IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check		
	this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt		_ \$
	Equity	3	\$
	Common Preferred		
	Convertible Securities (including warrants)	3	\$
	Partnership Interests		
	Other (Specify LLC Interests	10,000,000	\$ 0
	Other (Specify LLC Interests  Total	10,000,000	- \$ <u> </u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	0	\$ <u>0</u>
	Non-accredited Investors	0	_
	Total (for filings under Rule 504 only)		_ \$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	Г	<b>\$</b>
	Printing and Engraving Costs		\$ 10,000
	Legal Fees		05.000
	Accounting Fees	_	
	Engineering Fees		]
	Sales Commissions (specify finders' fees separately)	<u>L</u>	] s
	Other Expenses (identify) Miscellaneous Offering Expenses	<u></u>	\$ 25,000
	Total		\$ 85,000
		<u>L</u>	_

	C. OFFERING PRICE, NUM	IBER OF INVES	TORS, EXPENSES AND	USE OF PR	OCEEDS	
	b. Enter the difference between the aggregate offe and total expenses furnished in response to Part C — proceeds to the issuer."	- Question 4.a. T	his difference is the "adj	usted gross		\$_9,915,000
•	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for a check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Par	ny purpose is no of the payments li	t known, furnish an es sted must equal the adju	timate and		
					Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees				\$	. []\$
	Purchase of real estate	***************************************			]s	\$ 8,315,000
	Purchase, rental or leasing and installation of ma				- ]\$	 \$
	Construction or leasing of plant buildings and fa	cilities		F	\$	\$
	Acquisition of other businesses (including the va offering that may be used in exchange for the assissuer pursuant to a merger)	sets or securities	of another		- ]s	— □\$
	Repayment of indebtedness				]\$	\$
	Working capital	·····			]\$	\$ 500,000
	Other (specify): Reserve for Repairs				]s	\$ 1,000,000
					<b>∃</b> s	∏s
	Column Totals				]¢	§ 9,915,000
				_	J\$	
	Total Payments Listed (column totals added)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			\$_9	915,000
		D. FEDER	AL SIGNATURE			
iξ	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fu information furnished by the issuer to any non-ac	arnish to the U.S	Securities and Exchan	ge Commiss	ion, upon writte	
	uer (Print or Type) entana Canyon Alliance, LLC	Signature	und JOHn	1_ D	12-8	, 03
	me of Signer (Print or Type) erard J. D'Huy	Title of Signe Manager	er (Print or Type)	1		

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE
1.		2.262 presently subject to any of the disqualification Yes No
		See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby underta D (17 CFR 239.500) at such times as	akes to furnish to any state administrator of any state in which this notice is filed a notice on Form required by state law.
3.	The undersigned issuer hereby under issuer to offerees.	takes to furnish to the state administrators, upon written request, information furnished by the
4,	limited Offering Exemption (ULOE)	at the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform of the state in which this notice is filed and understands that the issuer claiming the availability stablishing that these conditions have been satisfied.
	uer has read this notification and knows t athorized person.	he contents to be true and has duly caused this notice to be signed on its behalf by the undersigned
	Print or Type) na Canyon Alliance, LLC	Signature Date 12-8-03
,	Print or Type) d J. D'Huy	Title (Print or Type) Manager

Manager

# Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1	2		3  Type of security			4			5 lification ate ULOE
	to non-a	to sell accredited is in State 3-Item 1)	and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
ΑZ		V	LLC Interest - \$10,000,000	0	0	0	0		V
AR									
CA		~	LLC Interest - Unknown	0	0	0	0		V
со		V	LLC Interest - Unknown	0	0	0	0		~
СТ		~	LLC Interest - Unknown	0	0	0	0		~
DE		~	LLC Interest - Unknown	0	0	0	0		·
DC									
FL		~	LLC Interest - Unknown	0	0	0	0		~
GA									
НІ									
ID							UST AND BY		
IL		~	LLC Interest - Unknown	0	0	0	0		~
IN									
IA	·	v _	LLC Interest - Unknown	0	0	0	0	-	~
KS									
KY							411		
LA									
ME									
MD		V	LLC Interest - Unknown	0	0	0	0		~
MA									
MI									
MN		~	LLC Interest - Unknown	0	0	0	0		~
MS									

#### APPENDIX 3 1 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of offered in state amount purchased in State investors in State waiver granted) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Investors Yes No **Investors** Amount Amount Yes No MO MT NE NV LLC Interest -0 0 NH Unknown LLC Interest -NJ 0 0 0 0 Unknown NM LLC Interest -0 0 0 0 NY Unknown NC ND LLC Interest -0 0 0 0, ОН Unknown OK OR LLC Interest -0 0 0 PA 0 Unknown RI SC SD TN TXUT VT VA LLC Interest -0 0 0 WA Unknown WV

WI

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1.		2	3			4		5 Disqua	lification		
	to non-a	d to sell accredited es in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and ex amount purchased in State was (Part C-Item 2)		and aggregate offering price Offered in state  Type of inv amount purcha		amount purchased in State			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY		~	LLC Interest - Unknown	0	0	0	0		~		
PR											

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